Substitute for form 1449/PTO (Revised 07/2007)  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known			
				Application Number 10/543,029			
				Filing Date		July 21, 2005	
				First Named Inventor		Emmanual Legrand	
				Art Unit  Examiner Name		Payer, Hwei Siu Chou	
			υ	. S. PATENT DO	<b>OCUMENT</b>	rs	
Examiner	Cite	!		Publication Date	Name of Patentee or		Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Signature					Consi	dered	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.